



National EMS Academy

Thank you for your interest in the National EMS Academy, an educational partnership between South Louisiana Community College (SLCC) and Acadian Ambulance Service, Inc. To apply for the EMT Program, please complete the following steps:

Step 1. Mail the enclosed SLCC Application for Admission and a \$5 money order (made payable to SLCC) to: SLCC, Admissions: EMT-P, 320 Devalcourt Street, Lafayette, LA 70506-4124. Please do not submit the application to the National EMS Academy sites or personnel.

Step 2. Call our toll-free number (866-459-3500) and reserve your seat in an information session. In order to be considered for the Fall 2005 class, you must attend one of the sessions listed below (even if you attended a testing/orientation session for one of our previous courses). Attendance at the earliest possible date is strongly advised.

Step 3. Prepare to meet the entrance requirements for the EMT-Paramedic course. To qualify for the paramedic program, you must demonstrate an aptitude in both reading and math. Math and reading placement tests will be administered at all information sessions to meet this requirement. You may also meet the entrance standards based upon qualifying college credit or ACT scores. Transcripts and ACT scores may be mailed to SLCC along with the application or may be submitted at an information session for evaluation. Official transcripts are preferred. However, an unofficial copy may be used for evaluation purposes if an official copy is not immediately available.

Step 4. To complete your admissions file at SLCC, the college must receive an official high school or college transcript and proof of immunization compliance (a Proof of Immunization Compliance form with instructions is included in the application). These items may be mailed to SLCC along with the Application for Admission, submitted at an information session, or mailed to SLCC at a later date. Please note, however, that your registration may be delayed or denied until these documents have been received by the Admissions Department at SLCC. Transcript request forms can be obtained on SLCC's web site: www.slcc.cc.la.us/ems_academy.htm.

Information Sessions

Sessions begin at 9:30am and conclude at approximately 12:30pm

Alexandria	
Monday	May 16
Wednesday	June 8
Wednesday	July 6
Wednesday	July 20

Baton Rouge	
Wednesday	May 18
Monday	June 13
Monday	July 18

Covington	
Thursday	May 26
Monday	June 6
Wednesday	June 22
Monday	July 11

Houma	
Wednesday	June 1
Wednesday	June 29
Wednesday	July 13
Wednesday	July 27

Lafayette	
Friday	May 20
Monday	June 20
Monday	July 25

Lake Charles	
Monday	May 23
Friday	June 24
Friday	July 29

New Orleans	
Friday	June 3
Wednesday	June 15
Monday	June 27
Friday	July 15



National EMS Academy - *FACT SHEET*

Overview

The National EMS Academy offers EMT-Basic and EMT-Paramedic certification courses that earn college credit from South Louisiana Community College (SLCC). Additionally, you can earn an Associate of Applied Science in Emergency Medical Technology-Paramedic degree from SLCC.

Class Schedule

EMT-Basic (full-time class): 9 weeks

Next class begins: **Fall 2005 (Aug 15)**

Class meets 8:00am-12:00pm, Monday-Thursday

Application Deadline: **July 29, 2005**

EMT-Paramedic (full-time class): 9 months

Next class begins: **Fall 2005 (Oct 17)**

Class meets 8:00am-12:00pm, Monday-Thursday

Application Deadline: **July 29, 2005**

Application Checklist

- 18 years of age by October 2005.
- Mail application and \$5 money order to:
South Louisiana Community College
Admissions: EMT-P
320 Devalcourt Street
Lafayette, LA 70506-4124
- Call 866-459-3500 to reserve your seat in one of the information sessions.
- Submit an official high school or college transcript and proof of immunizations to SLCC.

Tuition and Fees

The current tuition and fee schedule is published in the SLCC Catalog and is available on the SLCC web site: www.slcc.cc.la.us.

Financial aid resources are available to offset the costs of education. SLCC participates in a variety of grant and scholarship programs. To apply for financial aid, please complete the following steps:

- Complete the Free Application for Federal Student Aid (FAFSA). The FAFSA can be obtained on the U.S. Dept of Education web site: www.fafsa.ed.gov. When prompted for a school code, use: 002031.
- Once your FAFSA has been processed by the U.S. Dept of Education, you will receive a Student Aid Report. Contact SLCC's Office of Financial Aid (337-521-8910) for additional instructions.
- Financial aid application deadline: **August 4, 2005**

Additional details regarding program costs and financial aid will be provided at the EMT Program information sessions.

Academy Locations

- Alexandria
- Lafayette
- Baton Rouge
- Lake Charles
- Covington
- New Orleans
- Houma



Distance Learning Network

- Lecture will be broadcast from the Lafayette, Covington, or New Orleans site to the other Academy sites using state-of-the-art video-conferencing equipment.
- Each Academy site is staffed with paramedic instructors who will provide on-site practical skills instruction and assist students with classroom and clinical training.

Certifications

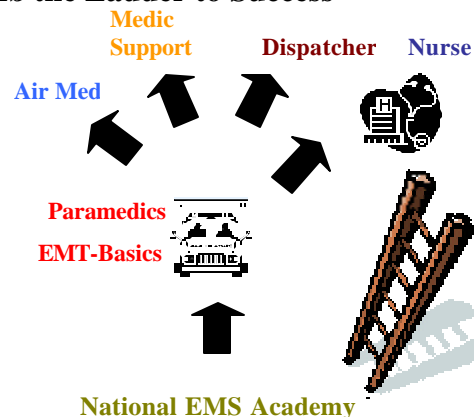
EMT-Basic

- 132 classroom hours.
- 45 clinical hours.
- Assists EMT-Paramedic level personnel with advanced patient care on-scene.
- Performs CPR, checks vital signs, and immobilizes and splints fractures.
- Eligible to work on an ambulance after successful completion of the National Registry exam.
- Average starting salary: \$24,600

EMT-Paramedic

- 450 classroom hours.
- 500 field experience hours.
- Performs advanced cardiac life support procedures, administers cardiac drug therapy, performs defibrillation and airway procedures, and interprets EKG readings.
- Supervises subordinate medical care providers.
- Works closely with emergency physicians and nurses.
- Average starting salary: \$29,900

Climb the Ladder to Success



Empl ID _____

Office Use Only

South Louisiana Community College Application for Admission

Application Fee: \$5 money order, payable to SLCC (\$15 for international students)

Mail application with \$5 money order to:

South Louisiana Community College

Admissions: EMT-P

320 Devalcourt Street

Lafayette, LA 70506-4124

Phone: 337-521-8896

Complete form and mail or bring it to the Lafayette campus with **\$5 non-refundable** application fee (\$15 for international students) in the form of a **MONEY ORDER ONLY**. PLEASE PRINT (IN BLUE OR BLACK INK) OR TYPE.

Name (LAST, SUFFIX, FIRST, MIDDLE) _____

Former last name _____

Social Security Number _____

Are You: Male Female Marital Status: Married Single Divorced Head of Household

Citizenship status which best fits you:

Native (US Citizen) Alien, Permanent Resident Alien Number _____

Alien, Temporary Non-US Citizen Visa Type _____

Date of Birth: Month _____ Day _____ Year _____

Ethnic origin which best fits you:

White Black American Indian Hispanic

Asian or Pacific Islander Other race _____

Site you plan to attend: Alexandria Baton Rouge Covington Houma Lafayette Lake Charles New Orleans

Second option: Alexandria Baton Rouge Covington Houma Lafayette Lake Charles New Orleans

E-Mail (optional) _____ Local Telephone _____

Local Home Address _____ Apt No. _____ City, State _____ Zip _____

Permanent Mailing Address (If different from above) _____ City, State _____ Zip _____

Permanent Home Telephone _____ Home Parish or County _____ Home State or Country _____

When do you plan to enroll with SLCC/National EMS Academy?

Fall 2005 Other _____ Year _____

Have you applied for admission at SLCC/National EMS Academy before?

No Yes If yes, when? _____

STUDENTS WITH DISABILITIES:

Do you have a special condition which you feel may affect your academic or physical activities at SLCC?

Yes No

If so, please contact the Office for Services for Students and Disabilities at (337) 521-8907.

B. CURRENT EDUCATIONAL GOAL: (Please check only one)

Degree-Seeking at SLCC

Emergency Medical Technology-Paramedic

Non-Degree-Seeking at SLCC

EMT-Paramedic

EMT-Basic Only

C. EDUCATIONAL HISTORY: (Attach separate sheet if more space is needed for “high school” or “previous college”)

<u>Last High School Attended</u>	<u>Location</u> (City, State, Country)	<u>Parish</u> (If Louisiana High School)	<u>High School Graduation</u> Did you (or will you) graduate? <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No <input type="checkbox"/> GED		
<u>College or University Previously Attended</u> (Begin with the first attended- Include SLCC if previously attended)	<u>Location</u> (City, State, Country)	<u>Dates of Attendance</u> From To (Month/Yr) (Month/Yr)		<u>Credit Hours Earned</u>	<u>Degree Earned</u> (If Any)

Are you a first time freshmen? Yes No

If no, are you at this time eligible to enroll at the last college/university you attended?

Yes No – Why? _____

Will you be enrolled at any other college/university while attending SLCC? Yes No

If yes **and you are a degree-seeking student at SLCC**, you are reminded that you must provide SLCC with an OFFICIAL transcript showing final grades of the current semester/session.

D. DO YOU PLAN TO APPLY FOR FINANCIAL AID? Yes No

If you are receiving financial assistance from a third party (Grant, Scholarship, TOPS, National Guard, SMILE, etc), you **MUST** see the financial aid officer before attending classes.

E. DO YOU QUALIFY AS A RESIDENT OF LOUISIANA? Yes No If yes, on what basis?

Check all that apply:

I am a life-long resident of Louisiana I am married to a Louisiana resident

My parent(s) graduated from SLCC

I am living with my parents* who reside and are employed full-time in Louisiana

* Father Mother Both Father and Mother

I am a previous resident of Louisiana (Indicate dates: from _____ to _____)

I have been living and employed in Louisiana for more than one year
(Indicate dates: from _____ to _____)

My spouse has been employed in Louisiana for more than one year
(Indicate dates: from _____ to _____)

I am a member of the US Armed Services (Indicate dates: from _____ to _____)

As a member of the US Armed Services, I was stationed in Louisiana (Dates: from _____ to _____)

I am a dependent of a member of the US Armed Services stationed in Louisiana
(Dates stationed in Louisiana: from _____ to _____)

F. SELECTIVE SERVICE (This section must be completed by any applicant who is required to register for the draft in accordance with the Military Selective Service Act.)

I am registered with the Selective Service System: No Yes, Indicate Selective Service Number _____

Not Applicable, Indicate reason:

Female Under 18 years of age Excused from registration provided for by federal law

A member of the armed forces on active duty Born before 1960 Other

G. EMERGENCY CONTACT

Name of Person to Contact in Case of Emergency (Last, First, Middle) Relationship to Applicant

Complete Mailing Address City, State, Zip Daytime Telephone

H. STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE WORKPLACE POLICY

South Louisiana Community College/ National EMS Academy prohibits the unlawful possession or use of firearms and the unlawful possession, use or distribution of drugs and alcohol by students while on school property or in attendance at any school activity.

I understand that reporting to school or performing tasks for the school while under the influence of and impaired by illegal drugs or alcohol is prohibited. I am aware that possession and use of firearms are prohibited on this campus. I also understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify South Louisiana Community College/ National EMS Academy within five (5) days if I am convicted of violating any criminal drug statute at the educational facility. I further realize that the school is required by law to give notice of such conviction to any federal agency from which it receives grants or contracts, and I hereby waive any and all claims that may arise from conveying this information to such federal agency.

I hereby certify that I have read and understand the above Student Substance Abuse, Firearm, and Drug Free Workplace Policy and that all of the information I give in this document is true, complete, and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me Ineligible for admission to and attendance at South Louisiana Community College/ National EMS Academy.

Signature of Applicant Date

I. DEMOGRAPHIC INFORMATION

I do not wish to have my demographic information published.

I hereby grant South Louisiana Community College permission to release and publish my demographic information as listed below:

NAME _____
(LAST, FIRST, MIDDLE)

LOCAL MAILING ADDRESS _____
(STREET, CITY, ZIP CODE)

HOME ADDRESS (If different from above) _____

LOCAL PHONE NUMBER _____ E-MAIL ADDRESS _____

J. MISCELLANEOUS INFORMATION

Employment Status: Employed full-time Employed part-time Unemployed

Number of Dependents Living in Your Household: _____

Highest Level of Education Completed by Your parents:

- Elementary High School Certificate
- Diploma (from a technical college, proprietary school, or private school)
- Associate Degree Bachelor's Degree Graduate Degree (Master's, Doctorate)
- Professional Degree (e.g., Law, Medicine)

How did you learn about the EMT Program? (Check one)

- From an Acadian Ambulance employee Radio advertisement
- High school counselor, teacher, or principal Billboard
- Job Fair Sign or banner
- Newspaper SLCC advertising, catalog, or web site
- From a National EMS Academy student Television advertisement
- National EMS Academy web site Other: _____

Why did you choose to attend SLCC? (Check all that apply)

- Low cost of attending Convenient location
- Liked the size of the college Could work while attending
- Offered the courses I wanted Good chance of personal success
- Liked the social atmosphere Good avocational or academic reputation
- Advice of parents or relatives Availability of scholarship or financial aid
- Wanted to be with friends Needed developmental courses
- Advice of high school counselor, teacher, principal, etc
- Was not admitted to the 4-year school to which I applied

DEPARTMENT OF EMT-P / NATIONAL EMS ACADEMY

PROOF OF IMMUNIZATION COMPLIANCE
(Louisiana R.S. 17:170 Schools of Higher Learning)

Applicant's Name (Last, First, Middle)

Social Security Number

Date of Birth (Month/Day/Year)

Option 1 – Immunization Verification – Physician's Statement:

The above-named individual has been immunized as follows:

MMR 1: _____

MMR 2: _____

Tetanus-Diphtheria: _____

Signature of Physician or Other Health Care Provider

Date

(Above space for Physician Address/Stamp)

Option 2 – Submission of Immunization Record (by student)

I hereby submit my immunization record as proof of immunization against measles, rubella, mumps, and tetanus/diphtheria

Signature of Student

Date

Signature of Parent/Legal Guardian (if student is under 18)

Date

Option 3 – Request for Exemption

If you request exemption for medical or personal reasons, please check appropriate blank and provide the information requested. You must state the reason for exemption in the space below.

Check One:

Explanation:

1. Medical Reason _____

2. Personal Reason _____

Signature of Student

Date

Signature of Parent/Legal Guardian (if student is under 18)

Date

INSTRUCTIONS

PROOF OF IMMUNIZATION COMPLIANCE FORM

To complete the Proof of Immunization Compliance form, please provide your full legal name, social security number, and birth date at the top of the form. Then, choose from one of the three options available to fulfill the proof of immunization requirement.

Option 1: This option may be completed by your physician or other healthcare provider. Please have your physician provide the dates when you received the indicated immunizations. Space has been provided for the physician's signature and stamp.

Option 2: If you have access to your immunization records, sign and date Option 2. Please attach a copy of your immunization records to this form and submit to SLCC either by mail or at one of the information/testing sessions.

Option 3: If you are unable to locate your immunization records, you may request an exemption from this requirement. Please check one of the reasons for your request and provide an explanation in the space provided. Sign and date the form and submit to SLCC either by mail or at one of the information/testing sessions. By requesting an exemption from this requirement, understand that you are agreeing to the following terms:

"I understand that if I claim exemption for personal or medical reasons, I may be excluded from classes and other campus activities in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization."